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Population

By PROFESSOR HENRY PRATT FAIRCHILD of New York University, President of the Population Association of America, 1931–1935, Conference on Population Studies in Relation to Social Planning, Hotel Willard, Washington, D. C., May 2, 1935.

(Continued from September 21)

On the qualitative side, there is enormous need for research into the real foundations of eugenic procedure. What are the desirable qualities of human beings? What types of men do modern societies really need for their own progress, and what do they think they need? Research of this kind need have no taint of a priori value judgments. It should be a perfectly objective inquiry first into the relation of particular human qualities to the development of specific social forms, and second an equally objective research into the standards of quality that actually prevail in a given society as far as those standards express themselves in public opinion and sentiment, and are influential in governing personal conduct. Research is also needed in the methods of achieving a eugenic program once it has been scientifically set up. Let it be reemphasized that all this research has nothing to do with propaganda, nor with the practical steps for realization, but simply provides the material upon which a sound practical program could be based.

On the quantitative side, there is obviously a demand for much fuller concrete data with reference to the phenomena upon which statistics and rates are based. This aspect of the matter has been, and will be, so thoroughly exemplified in this conference that no detailed exposition is needed here. It may be worth while, however, to stress our need for far fuller information as to the immediate and personal factors that underlie population phenomena and the broad demographic data. For example, what were the actual means whereby the phenomenal increase of the nineteenth century was achieved? Was it through an increase in marriages, an increase in births per marriage, a diminution in deaths, or an increase in longevity, and if it was a combination of some or all of these, what was the relative contribution of each? Correlatively, at the present time, what are the immediate factors that are producing the great alterations in vital phenomena with which we are now familiar? And back of the direct factors what are the psychological, emotional, and even philosophic considerations that influence the phenomena themselves? Are changes taking place in the desires of married couples for children along with the extension of the means for realizing those desires? What is the bearing of economic disorganization, poverty, wealth, radical agitation, and so forth, upon the attitude toward child bearing? Even more fundamental are the questions of the relation of size of population to broad social relations and interests. How does numerical population affect the standard of living; what is the bearing of population size and growth on international war and peace; what is the reciprocal relation between population and different types of economic structure; how is population related to democracy, dictatorship, revolution; how does social philosophy affect population policy? The field is illimitable. The current diminution in the rate of population growth, with the

imminence of a stationary or even declining population, has shifted the emphasis on the implications of population and has afforded new data for the formulation of population theory, but has not, of course, necessitated any change in authentic population theory itself. Of a somewhat different order, but closely related, are the distinctly sociological problems of putting a scientific population policy into effect. Supposing that the experts have succeeded in working out a practical blue print for the adjustment of population to social needs, by what agencies and methods could an intelligent, self-conscious government induce its members to put it into effect? For it can never be forgotten that, however, precisely and graphically the facts and phenomena of population may be analyzed and depicted, the phenomena themselves arise directly out of the individual behavior, and individual behavior is the outcome of a complex of desires and interests that are influenced by every force that plays upon or through the human personality. A real understanding of population phenomena is directly dependent on, and limited by, an understanding of the character and springs of human conduct.

All of this may seem very remote and visionary, and in some respects it does represent a rather far look into the future. It is offered for the main purpose of emphasizing the tremendous importance and urgency of thorough, comprehensive, integrated population research, and the significance and potential utility of an organization such as the Population Association of America that is devoted to just such cooperation and fellowship on the part of specialists and experts on the one hand, and on the other all members of the body politic who are concerned with the development and welfare of their own society. In an era of social and national planning, every detail of which is inevitably affected and conditioned by the quantitative and qualitative features of the population, it is imperative that the laws and principles worked out by those who are competent to derive them should be implemented by understanding on the part of those who must be relied on to put them into effect.

VITAL STATISTICS IN 1935

During the first six months of 1935 a total of 38,558 births was registered in California as compared to 37,779 births that were recorded during the first six months of last year. During the first half of this year, there were 36,787 deaths as compared with 34,352 deaths in the first half of last year. If the population of the state has increased normally, it would appear that there will be little change in either the birth rate or the death rate for the current year. There is a possibility, however, that the death rate may show an increase as almost 2000 more deaths occurred during the first half of 1935 than during the first half of 1934. It would seem, however, that 1935 may show a lower infant mortality rate. There were 2029 infant deaths during the first six months of 1934, and 1952 during the first half of 1935. The infant mortality rates for the periods covered are respectively 53.7 and 50.6.

Mortality During June

During June of 1935, there were 5655 deaths registered in California. Numbers of deaths by certain principal causes were as follows:

Diseases of the heart and circulatory system	3,059
Cancer	652
Nervous system	550
Cerebral hemorrhage, apoplexy	422
Tuberculosis, all forms	397
Diseases of the digestive system	395
Diseases of the respiratory system	267
Pneumonia, all forms	214

There were relatively few deaths from infectious diseases. Influenza claimed 21 lives, whooping cough 10, diphtheria 9, epidemic meningitis 9, epidemic poliomyelitis 3, lethargic encephalitis 4, and typhoid fever 7.

YOUR CHILD'S HEART

The Heart Committee of the San Francisco Tuberculosis Association, at 604 Mission Street, San Francisco, has prepared a leaflet under the above title, which is designed especially for the purpose of advising mothers in the prevention of heart disease among children.

Following is the text of the leaflet, additional copies of which may be secured from the committee at the above address:

I. What are the outstanding types of heart disease in childhood?

(1) Congenital—Caused by faulty development before birth.

(2) Rheumatic—Caused, it is believed, by infection, improper methods of living, and poor hygiene, although the specific cause is not yet clearly understood.

(3) Other infections—Such as diphtheria, scarlet fever and pneumonia.

II. Which type does a child most frequently have?

Rheumatic.

III. What special points should a mother remember in her effort to prevent heart disease in her child?

First, the child should be kept in good physical condition. Rest, fresh air, and good food are im-

portant. Milk, eggs, meat at one or two meals, abundant fresh vegetables, especially the green, leafy vegetables, fresh fruit, orange juice and other citrous fruits are excellent foods to help keep your child strong and well. The food should always be attractive and appetizing in order that he will look forward to his meals as pleasant and happy hours of the day.

Endeavor to prevent exposure to infectious diseases. Never expose your child knowingly to any of the diseases of childhood. If he develops any of these, keep him away from other children. Since most of the communicable diseases start as colds in the head, be sure to keep the child with a fever and cold at home. If he has recovered from one of these diseases do not be in a hurry to have him return to school. Before he returns have him reexamined by your physician, who should outline for you the amount of school work and play which your child is able to resume.

IV. What should a mother do if she suspects heart disease?

If your child, previously healthy, becomes excessively tired and loses weight, if he has growing pains, swollen painful joints, St. Vitus Dance, or frequent colds, do not try to diagnose the condition yourself. Go to your doctor who will endeavor to tell you truthfully what is wrong and will save you much needless worry. He may be able to assure you that your child's heart is sound and healthy, as there is not a single sensation associated with real heart disease which may not be caused by some other disorder.

V. Does rheumatic fever tend to recur?

Yes, rheumatic fever tends to recur. While the heart generally escapes injury if not involved in the first attack, there still exists the possibility that it may become affected in succeeding attacks. If the heart is already damaged in the first attack, subsequent attacks may further injure it. To avoid repeated attacks the child should be kept in good physical condition. As adult heart disease often has its beginning in childhood, preventive care as suggested in Section III, is therefore most important, particularly in the early years of life. An equable temperature or warm climate seems to favor cessation of rheumatic attacks.

VI. What can the mother do if the child develops heart disease?

A mother helps most by cooperating with her child's health program. But do not place a spotlight on your efforts. A remarkable fact is the amount of apparent damage a heart may have, and still do its job reasonably well. Because of this it is not surprising to see people who were born with defective hearts, leading apparently normal lives.

Once the diagnosis of heart disease in the child has been made, and the amount of work and play that he can do has been determined by your physician it is better to dismiss further thought about the subject than to maintain a constant anxiety that there may be any serious and sudden developments. The mother should endeavor to cultivate a serene and undisturbed attitude. Too frequently a child is made conscious of his handicaps by overly anxious parents and the child becomes self-concerned and self-pitying which makes it difficult for him to fit into his community either as a child or later as an adult.

It should be remembered also that rheumatic heart disease is relatively infrequent, especially in California, and that frequently a heart murmur can be disregarded by the physician as evidence of real heart disease because such sounds are often found in normal children.

Since there are different kinds of heart disease, there is no one treatment for all. Only your doctor can determine the actual treatment for any given case. A broken arm, after it is set, is helped to rest by applying a splint. You can not splint a diseased heart but you can accomplish similar results by carrying out conscientiously your doctor's orders for the degree of rest which he has outlined for him. We all know how very important REST is in the treatment of tuberculosis. It is equally important in the treatment of heart disease. Proper observation of rest routine may make the difference between hopeless invalidism and a useful life.

PREVENTIVE MEDICINE

Nothing educates a people more than sanitation, and preventive medicine in action is itself an educator. The provision of a public water supply has been known to raise the moral standard of a village; the care of the infant and the school medical service have exerted an astonishing effect in the enhancement of responsibility and the deepening of human nurture. Hence there has been in the last twenty-five years a significant interreaction between public health and public education. There is little doubt that the extension of education is at the root of much of the national health development.

The primary health needs of a community must always remain environmental—housing, water, air, food, workshop, drainage, sewage treatment and the removal of refuse and nuisances. The secondary need, secondary only because it must follow and not precede an appropriate environment, must always be the *personal nurture,* education and health of the people themselves, a nurture which begins nine months before

birth and is continued to the end of life—eugenics, the care of maternity and infancy, child welfare, a school medical service, the defences against great infections or deficiency impairments, an industrial health service, a national health insurance, artificial immunity, international health cooperation, and always research into the unknown.

Some of the methods are as old as mankind, others are of recent adoption; but together they have in a century extended the expectation of life at birth by seventeen years, and have postponed the expectation of death at all ages below sixty years.—(*The Rise of Preventive Medicine*) Sir George Newman, M.D., Chief Medical Officer of the Ministry of Health, England.

MORBIDITY

Complete Reports for Following Diseases for Week Ending September 21, 1935

Chickenpox

67 cases: Alameda 1, Berkeley 10, Oakland 7, San Leandro 1, Fresno 1, Los Angeles County 2, Glendale 1, Long Beach 4, Los Angeles 5, Marin County 1, Fullerton 3, Santa Ana 1, Riverside County 1, Beaumont 2, San Diego 4, San Francisco 7, Santa Barbara County 7, Lompoc 1, Santa Barbara 3, Santa Maria 2, San Jose 1, Yolo County 2.

Diphtheria

34 cases: Oakland 4, Colusa 1, Fresno 1, Imperial County 1, El Centro 1, Kern County 1, Glendale 2, Los Angeles 8, Orange County 1, Riverside County 6, Riverside 1, Sacramento 4, Santa Barbara 1, Yuba County 2.

German Measles

39 cases: Alameda 2, Berkeley 3, Oakland 4, Contra Costa County 1, Los Angeles County 1, Alhambra 1, Culver City 1, Long Beach 1, Los Angeles 6, Lynwood 2, South Gate 1, Orange County 2, Sacramento 1, San Bernardino 1, San Francisco 10, Shasta County 2.

Influenza

11 cases: Los Angeles 7, Pomana 1, Nevada County 1, San Francisco 2.

Malaria

12 cases: Chowchilla 1, San Bernardino 1, San Joaquin County 8, California 2.*

Measles

77 cases: Oakland 1, San Leandro 3, Contra Costa County 3, Martinez 2, Pittsburg 1, Kern County 1, Los Angeles County 9, Alhambra 1, Beverly Hills 1, Glendale 1, Inglewood 1, Los Angeles 6, Madera 1, Monterey County 2, Salinas 1, Orange County 3, Riverside County 1, Sacramento 5, San Diego 3, San Francisco 22, Santa Barbara County 1, Lompoc 2, Palo Alto 2, San Jose 1, Santa Clara 1, Shasta County 1, Woodland 1.

Mumps

126 cases: Berkeley 3, Oakland 18, San Leandro 1, Gridley 3, Contra Costa County 3, El Cerrito 1, Fresno County 5, Kern County 1, Los Angeles County 10, Avalon 1, Long Beach 2, Los Angeles 6, Pomona 1, Santa Monica 1, Sierra Madre 2, Merced County 1, Monterey County 1, Nevada County 1, Grass Valley 4, Orange County 1, Santa Ana 2, Riverside County 2, Riverside 1, Sacramento County 3, Sacramento 22, San Bernardino County 2, Ontario 1, San Bernardino 1, San Diego 1, San Joaquin County 1, Stockton 1, San Luis Obispo 1, Redwood City 1, Lompoc 1, Santa Maria 2, Santa Clara 1, Siskiyou County 1, Tulare County 2, Yolo County 9, Woodland 5.

Pneumonia (Lobar)

27 cases: Kern County 1, Los Angeles County 4, Glendale 1, Los Angeles 11, Pomona 1, Hawthorne 1, La Habra 1, Sacramento County 2, San Francisco 3, Santa Barbara 1, Shasta County 1.

Scarlet Fever

119 cases: Alameda 1, Berkeley 2, Oakland 1, Butte County 3, Colusa 2, Fresno 1, Glenn County 1, Bishop 3, Kern County 4, Bakersfield 3, Hanford 1, Los Angeles County 6, Alhambra 3, Burbank 1, Long Beach 2, Los Angeles 21, Santa Monica 2, Lynwood 2, Madera 3, Fairfax 1, Nevada County 1, Grass Valley 4, Orange County 1, Riverside 1, Sacramento County 1, Sacramento 4, San Bernardino County 1, Ontario 1, San Diego 5, San Francisco 20, San Joaquin County 1, Tracy 2, Redwood City 2, San Mateo 1, Santa Barbara County 1, Lompoc 1, Santa Barbara 2, Los Gatos 1, Solano County 1, Stanislaus County 1, Tulare County 1, Ventura County 1, Yolo County 1, Woodland 1.

Smallpox

One case: Santa Cruz County.

Typhoid Fever

20 cases: Oakland 1, Fresno County 3, Burbank 1, Los Angeles 6, Fairfax 1, Anaheim 1, Sacramento County 3, Redlands 1, San Jose 1, Turlock 1, California 1.*

Whooping Cough

98 cases: Alameda 2, Berkeley 1, Oakland 7, San Leandro 1, Richmond 2, Fresno County 1, Los Angeles County 6, Glendale 3, Long Beach 9, Los Angeles 18, Pasadena 6, South Gate 1, Monterey County 3, Orange County 4, Anaheim 1, Placentia 1, Sacramento 1, San Bernardino 1, San Diego 12, San Francisco 13, Santa Barbara 1, Santa Clara County 1, Santa Cruz, 1, Shasta County 1, Stanislaus County 1.

Meningitis (Epidemic)

One case: Stockton.

Dysentery (Amoebic)

2 cases: San Bernardino County 1, Santa Barbara 1.

Dysentery (Bacillary)

7 cases: Inglewood 1, Los Angeles 2, Sacramento County 1, Sacramento 1, Ontario 1, Burlingame 1.

Poliomyelitis

29 cases: Contra Costa County 1, Fresno County 1, Fresno 1, Los Angeles County 1, Glendora 1, Long Beach 3, Los Angeles 11, Pasadena 1, Sacramento 1, San Luis Obispo County 1, San Luis Obispo 1, Santa Maria 1, Tulare County 2, Porterville 1, Visalia 1, California 1.*

Trachoma

6 cases: Santa Ana 3, San Diego 1, San Francisco 2.

Encephalitis (Epidemic)

2 cases: San Diego 1, Santa Clara County 1.

Para typhoid Fever

One case: Stanislaus County.

Trichinosis

One case: San Francisco.

Botulism

2 cases: Stanislaus County.

Food Poisoning

4 cases: Kern County 3, Los Angeles 1.

Undulant Fever

6 cases: Los Angeles County 1, Beverly Hills 1, Huntington Park 1, Los Angeles 1, Pomona 1, San Diego County 1.

Tularemia

One case: reported by Los Angeles, from Yerington, Nevada.

Septic Sore Throat (Epidemic)

3 cases: Orange County 1, San Diego 1, San Francisco 1.

Relapsing Fever

One case: San Bernardino County.

Rabies (Animal)

20 cases: Los Angeles County 2, Culver City 1, Los Angeles 2, San Fernando 3, Torrance 1, San Diego 9, San Joaquin County 2.

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* Cases charged to "California" represent patients ill before entering the state or those who contracted their illness traveling about the state throughout the incubation period of the disease. These cases are not chargeable to any one locality.

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